

A-2 – ADMINISTRATOR/DIRECTOR INFORMATION**IDENTIFYING INFORMATION**

NAME

TITLE

TELEPHONE NUMBER

E-MAIL ADDRESS

()

ADDRESS

OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR

EDUCATION

EDUCATION

CIRCLE THE HIGHEST GRADE YOU COMPLETED

HIGH SCHOOL GRADUATE

YES ☐ NO ☐

1 2 3 4 5 6 7 8 9 10 11 12

PASSED HIGH SCHOOL EQUIVALENCY TESTS YES ☐NAME AND LOCATION OF
COLLEGE OR UNIVERSITYCOURSE OF
STUDYCOMPLETED
SEMESTER QUARTER
UNITS UNITSDEGREE
OBTAINEDDATE
COMPLETED**MANAGEMENT EXPERIENCE**

Type

Title

Date
StartedDate
Ended

Reason for Leaving

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?
FOLLOWING☐ Yes ☐ No IF YES, COMPLETE THE

Type

Period Held

Issuing Agency

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE WHICH INDICATES COMPLIANCE WITH LICENSING REGULATIONS AND/OR CERTIFICATION STANDARDS.

Dates

Name and Address of
Employer

Duties

Reason for Leaving

FROM

TO

FROM

TO

FROM

TO

Signature: _____

Date: _____